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THE DOCTRINE OF TEMPERAMENTS.

[A TREATISE ON Hygiene, by Prof. Lévy, of Paris, has lately been published. From a notice of the work in the last No. of the British and Foreign Medical Review, we quote the following remarks on the temperaments.]

We have met with physicians who could not distinguish the temperaments ; who, in fact, denied their existence. Yet the doctrine is as old as medicine itself, and under one guise or another has entered into all systems, and guided practice in all ages. Professor Lévy discusses slightly its history, and contends for the real existence of temperaments. It is not possible in truth to define in mathematical terms the material conditions of the sanguine, or of the nervous, or lymphatic temperament ; yet they do not the less certainly exist. M. Royer Collard, one of the last writers on the subject, if not the last, has attempted to exhibit their characteristics, and their causes, by means of chemical and microscopical analysis. The attempt seems, however, premature. Professor Lévy adopts the three temperaments defined by Bégin, namely, the lymphatic, nervous, and sanguine. The states of health and life they represent exercise a direct and almost supreme influence over the organism ; it is their common characteristic to modify every part of the body and every function as well in disease as in health. They do not, however, exclude the predominant agency of certain organs on the general system ; but these are consecutive on some series of morbid phenomena. If the activity of the hepatic system be morbidly altered, a set of general phenomena may arise sufficiently homogeneous and constant to warrant the belief in a bilious temperament. Writers, on such grounds, have indicated a genital temperament, but Professor Lévy classes these constitutional characteristics amongst the idiosyncrasies.

It is essential, however, to remember, firstly, that a temperament may be combined in the same individual with one idiosyncrasy, or several ; the lymphatic temperament, for example, with the bilious idiosyncrasy. Secondly, the temperaments may be united with each other, as when the nervous is seen in a person whose blood is rich in fibrine and globules. Professor Lévy remarks, that the stumbling block in practice and the key to individual peculiarities may alike be found in this complication of temperaments with each other, and with idiosyncrasies, in connection with the variable elements brought into the economy by age, habits and heredi-

tariness. The true and practical end of hygiene is to modify the temperaments and idiosyncrasies by the creation of new habits or the neutralization of hurtful agencies. When the plethoric idiosyncrasy arises from repletion, the hygienic rules are obvious ; so also when the cerebral idiosyncrasy is developed in literary men.

*The sanguineous temperament.*—The general characteristic of this temperament is the ease with which all the organic functions are performed. The respiration is deep and full ; the sanguification active, digestion quick and easy, innervation well ordered, the movements free and regular. In this, both the greatest harmony of function, and the finest symmetry of body, are to be observed. The mind partakes of the bodily characteristics. Gaiety, vivacity, ready imagination, courage, and inconstancy, and more of petulance than deep feeling, are seen in persons of the sanguine temperament. It is usually supposed that the vivid color of the surface indicates an abundance of blood. This, however, is not quite correct ; pale persons have sometimes the *internal* character of the sanguine temperament, namely, energy of hematosiis, an unusual development of the deep-seated capillaries, salient, and well-developed muscles, &c.

It has been supposed that the size of the heart and lungs in persons of the sanguine temperament corresponds to their functional activity. Professor Lévy states that his observations on the young soldiers under his care do not bear out this idea. The sanguine is the temperament most commonly seen amongst them, yet minute and repeated stethoscopic investigations have not shown that the heart in them is of unusual size. It is predominant from its susceptibility ; its sympathetic relations are more extended ; it responds quickly to all physical and moral excitants. Hence the blushes, as prompt as the emotion which excites them ; hence the instantaneous acceleration of the pulse under the finger of the physician, &c. With respect to the lungs, Professor Lévy thinks that it is impossible not to notice that the thorax is more convex anteriorly, larger and deeper, and predominates over the abdomen, the latter being shorter and shrunk. Largeness and depth of the chest are not, however, peculiar to the sanguine temperament, for the tall lymphatic Alsatians are remarkably broad-shouldered.

What is the composition of the blood in the sanguine ? Professor Lévy infers from Andral's experiments that there is an increase of globules, and that it occurs to the extent of 0.140 from the medium quantity 0.127. Professor Lévy also thinks there is an increase in the solid matter of the blood and a diminution of the saline constituents, or rather in the salts of soda and potass.

*The nervous temperament.*—If a number of persons be placed under exactly the same circumstances, whether moral or physical, the phenomena of re-action will be seen to differ more or less in each. These varying shades of difference in the phenomena are due to the varying power of the agent, the nervous system. The individuals in whom it is predominantly active are of medium stature, expressive and lively countenance, of thin fibre, small proportions, pale sallow complexion approach-

ing to yellowness. The eye is almost always *vif* and restless, the forehead lofty, and the whole head disproportionately large compared with the face. If in action, their motions are abrupt, jerking, and surprisingly energetic when compared with the leanness and softness of their muscles. To the touch, the warmth of the surface communicates a sharp and almost biting sensation, instead of that feeling of softness and moisture observed in persons of the sanguine temperament.

Two circumstances are considered as belonging specially to the nervous temperament; a considerable encephalic development and special activity in the genital organs. The sexual propensities of "lean dogs" are proverbial, but we were not aware that popular observation on this point had impregnated the doctrines of professors.

The characteristics of the nervous temperament are, of course, mobility—susceptibility of excitation—affectability. The disproportion between the cause of sensations and their effects is usually very great; a slight excitement inducing often extreme derangement of the nervous system. Yet individuals thus endowed are not so debile as their external appearance indicates. They often bear toil and deprivation better than the sanguine; in highly-depressing circumstances, they shine unexpectedly forth as true heroes.

*The lymphatic temperament.*—This consists in the predominant vitality of all the organs forming the non-sanguineous fluids, as serum, mucus, lymph, &c. It is diametrically opposed to the sanguineous in this, that the heart and vascular system are at a minimum of development. The tissues which should be most abundantly supplied with red blood, as the muscles, are remarkably pale and flaccid. There are fewer red globules in the blood, and more water. The strictly lymphatic individual has fair hair and complexion, the skin is smooth and soft, and marked by veins; the orifices of mucous membranes but slightly colored, the teeth generally decayed, or of a pale bluish color; the cheeks patched with red, the manner hesitating, the movements slow, the hands and feet large. Professor Lévy thinks that this temperament is one exhibiting a degradation of the race, and that its causes exist as well in society as in the atmosphere and in special localities.

*The compound temperaments.*—The most common is that made by the union of the lymphatic and sanguine. It is the leading characteristic of entire races, as in the Upper Rhine, Alsace, and Normandy, and the departments of the North. The remarks of Professor Lévy on idiosyncrasies are interesting, the term including what we should designate as peculiarities of constitution. Doubtless the more limited use of the term with us as to one of the practical results of idiosyncrasy, namely, the special influence of remedies, is less correct than this. If a number of persons be alike exposed to a current of cold air, the pathological results differ according to the idiosyncrasies of each; one will suffer from colic, a second from cough, a third from rheumatism, &c. Predominance of organs will combine with idiosyncrasy or temperaments, as the hepatic with the sanguineous or nervous. According to these views, age modifies the idiosyncrasies, as the organs are developed in succession. As to the detection

or diagnosis of idiosyncrasies and the practical application of this knowledge to therapeutics and hygiene, little can be said. We have ourselves observed them most frequently in persons of the nervous or sanguineo-nervous temperament with a scrofulous taint.

*The constitution.*—The constitution of an individual has been generally confounded with his temperament. It differs, however, according to Professor Lévy, in this, that it includes all the peculiarities of an individual; is in fact the general expression, or formula, of his temperament, idiosyncrasies, age, sex, habits, hereditary dispositions. The degree of physical energy, the greater or less perfection of formation, the sum of the resistance made by the organism to the causes of disease, the proportion of vitality, and consequently the probability of life, are all included in this formula. These elements are discussed at length; then the energy peculiar to each temperament and idiosyncrasy is reviewed under separate heads, and various statistical details given, principally from Woillez (noticed in our seventh vol.) and Messrs. Andral and Gavarret. The researches of M. Quetelet are freely laid under contribution in subsequent sections, having reference to age, sex, height, &c. Professor Lévy remarks, that one cannot but notice that a certain height is coincident with a generally healthy constitution, and *vice versa*. The corps of the French army which comprise the picked men are the artillery, engineers, sappers, miners, &c.; they are selected solely because of their higher stature, the regulation height being six inches (French) or nearly one tenth above that of the infantry of the line. These select corps not only present fewer cases of sickness, and have a less proportion of deaths than the infantry, but Professor Lévy says it is impossible to glance along the lines without being struck with the difference between the two classes of troops. The very tall men, the grenadiers, are, however, much less vigorous than the short, thick-set men in the light cavalry, the chasseurs and voltigeurs.

#### PUTRID SORE THROAT AND SCARLET FEVER.

[In an elaborate and well-written article in the *Western Journal of Medicine and Surgery*, by Dr. John Dawson, of Jamestown, Ohio, on *putrid sore throat*, the following diagnosis of that disease, with especial reference to distinguishing it from scarlet fever, occurs.]

Having discussed some of the more important lesions connected with *angina maligna* or putrid sore throat, we will now institute a brief comparison between it and scarlet fever, that we may see in what respects the two diseases agree. We are induced to do this because some of the more modern writers, including Thomas, Rush, McIntosh, and Eberle, have regarded putrid sore throat as a mere variety of scarlatina, having no claims whatever to the character of a specific disease; and consequently demanding for its treatment nothing but a modification of that proper for the latter malady. Viewed in several aspects, the two diseases present quite a similarity. 1, They both prevail mostly during the vari-



able weather of fall and spring; 2, To both diseases children are the most liable; 3, Both may prevail with an eruption; 4, Both are reputed to be more or less contagious; 5, There are anatomical lesions of the throat in both diseases, and each at times is complicated with membraniform concretions. There are points in which, between the two diseases, there seems to be something like a unity of diseased actions. Desirous to avoid making distinctions where there is no difference, we, nevertheless, in order to take an impartial view of this subject, are compelled to a brief consideration of some facts in connection with the origin and progress of these two diseases, which may go, to a greater or less extent, to exhibit a contrast.

1. Although it is mentioned by some writers, Thomas among the rest, that the two diseases are alike, because they prevail together, some children of a family having one form or variety and some the other, we confess, notwithstanding we have witnessed several epidemics of scarlatina, that we have not yet witnessed one of these in which there were any well-marked cases of putrid sore throat. True a great many cases, during the prevalence of an epidemic scarlatina, may have the anginoese variety of the disease in a very malignant form; and instances of this kind we have frequently witnessed; but such cases, in our estimation, contrasted very strongly with putrid sore throat. On the other hand, when we have had cases of sore throat occurring, either sporadically or epidemically, no scarlet fever, so far as we ever knew, was prevailing in the neighborhood at the time.

2. Adults, as a general rule, escape scarlatina. At any rate we are acquainted with no instance in which, as an epidemic, it displayed towards them anything like a total preference. In the epidemics of membranous angina which prevailed during successive years, from 1813 to 1816, in so many parts of the United States, adults, and those advanced in life, were the greatest sufferers. And although this may be looked upon as a striking departure of the disease from that class upon whom it is most predisposed to fall, and in whose systems it most delights to ravage, still there is something in even these instances of its prevalence that creates doubts concerning its identity with a disease that observes no such pathological habitudes in regard to age.

3. Prominent among the pathological conditions of putrid sore throat, are the exudations of lymph, for not only in the fauces, but also in a number of cases this lymph makes its appearance during some period or other in the larynx or trachea, and thus becomes one of the most portending symptoms by which the disease can be characterized. These anatomical peculiarities, so far as the larynx and trachea are concerned, are said to be wanting in scarlet fever. Rayet says that although the exudations of lymph often extend to the lateral parts of the pharynx, and occasionally as far as the œsophagus, they are never observed after death in the larynx or trachea. The testimony of Dr. Tweedie is equally decisive on this point. In all the dissections he has made in scarlatina with anginoese inflammation, no instance has occurred of finding in the larynx or trachea

any membranous exudations. Has anybody ever observed a well-marked case of scarlatina terminate in croup?

4. Both diseases being characterized occasionally with an eruption, this, perhaps, if properly considered, may go to throw some light on the diagnosis of the two maladies. Scarlet fever of any variety, when it is marked by an eruption, preserves about the same degree of uniformity in the character of the eruption, as does either measles or smallpox. It is always the same eruption, varying, however, in hue and copiousness. Constantly, indeed, it consists in a diffused erythematous blush, and the lesions of the skin or efflorescence have always the appearance of not being raised above the cuticle. Whether the efflorescence be fiery or consist merely of dark purplish stains, the integrity of the phenomena mentioned above is preserved. If, now, we can place any reliance on the observations of our best authors on putrid sore throat, the eruptions with which it has been characterized have had nothing like a uniformity of appearance. "Some," says Huxham, "had a *cuticular* eruption, others had it of the *erysipelatosus* kind; in others it was *pustular*." Ball speaks of the eruption as being *erysipelatosus*. Thomas observed a dark-colored eruption, which he regarded as being unfavorable. Eberle says the eruption at first is *pale*, acquiring in most instances during the progress of the disease a *dark* or *livid* hue. These are examples sufficient to show that the alterations which take place in the skin preserve no identity of appearance; but, on the contrary, resemble those found in typhus fever fully as much as those peculiar to scarlet fever. This being the case, we cannot see the propriety of classing putrid sore throat with the exanthemata or eruptive fevers. Still further the reasons for this will diminish, when it is recollected that the eruptions of putrid sore throat are by no means of constant attendance in the epidemic visitations of the disease. In the *Western Journal* (Vol. I.) Dr. Warfield, of Paris, Ky., gives an account of an epidemic sore throat which visited his neighborhood in 1821, in which not a single case was characterized with an eruption. Of the cases we have witnessed, none have been characterized with eruptions. Modern writers generally agree in the fact that the eruption is not at all of constant occurrence; and we know that this is, to a limited extent, the case with the proper eruptive fevers, including scarlatina. But has ever any of the eruptive fevers been observed to prevail as epidemics *sine eruptione*, as we have just seen has been the case in regard to sore throat?

5. Scarlatina, as well as measles and smallpox, by pretty general consent, destroys the susceptibility of the system to a second attack. Of the cases reported in this paper *four had been, two years previously to their illness with sore throat, afflicted with scarlet fever*. These cases all belonged to the same family, all suffered their attacks of scarlatina at about the same time, and all were seized within a few days of each other with putrid sore throat. I obtained the information of their having had the scarlet fever from the father, and from what I learned of him it was of the simple variety of the disease, attended with a copious eruption and some distress of the throat. There are some pretty well authenticated

instances on record where the same person has had scarlatina twice (Beckner, Newman, Binns); and Richter says that cases, not only of a second, but even of third attack, have been noticed. Respectable as the testimony is to this point, we are nevertheless inclined to the opinions of Withering, Bateman, and Willan, who deny the possibility of a second attack. Cases we have witnessed ourselves, where, from some cause or other, the dregs of disease, left in the system, after a first attack, have continued, upon exposure to exciting causes, to revive some of the worst symptoms in the fauces for years afterwards, and it may be that it is these which have been mistaken for a second occurrence of the malady. Waiving, however, the further discussion of this question, we may remark that the instances of a secondary attack must be exceedingly rare; and this being the case, it would be a very strange coincidence that four of such cases should take place in the same family, and all, too, at about the same time.

6. Most diseases attended with fever have something peculiar in the excitement with which they are characterized. In this respect synochus fever differs very widely from typhus. Great, now, as all regard this difference, it is not more than equal to that observed between scarlatina proper and putrid sore throat. In the former the fever is generally of the synochus grade; in the latter it more nearly resembles typhus. Nor does the fact that scarlatina, once in a while, varies from this grade, becoming congestive or adynamic, alter at all the matter at issue, for we frequently see fevers of an inflammatory grade, after going through the acute stages, from some peculiarity in the system or the circumstances with which the patient is surrounded, pass into a typhoid or putrid stage, that demands a total change in the treatment. Circumstances of this kind are of frequent occurrence in the experience of every physician; but no one, because of this, would regard the two diseases as being identical. Hence the excitement peculiar to sore throat may at any rate be regarded as being of sufficient importance to give it a respectable place among the diagnostic features of the two diseases.

7. Considered as an element of diagnosis, the effects of remedies may throw some light on the difference between these two diseases. Blood-letting has been regarded as a very available agent in most cases of scarlatina; particularly in those where the action of the heart and arteries is great. Most practitioners as well as writers speak of its effects in terms bordering on praise. This is not the case as it regards putrid sore throat. Here many writers, from Huxham down to our latest and best, unite upon the position that abstractions from the vital current are of doubtful propriety during even the first stage, while at any other period of the malady they manifestly do harm. In scarlet fever, too, there is more or less tolerance to the loss of blood, when as a therapeutic agent it is but slightly indicated, while in putrid sore throat one bleeding often precipitates the patient into an irrevocable state of debility. Again, the evacuant and depletive medicines so frequently resorted to in the treatment of scarlet fever, find but little favor in sore throat. The best writers that we have consulted come to the conclusion that in sore throat sustaining and

strengthening medicines to the general system are those upon which most reliance can be placed. These, indeed, as we shall see when we come to the treatment, are among the principal means by which the disease can be treated with any prospect of being subdued.

In concluding our remarks on this part of our subject, it may be submitted, *in limine* :—

1. That the two diseases seldom, if ever, prevail together, putrid sore throat being as liable to prevail with other epidemics as it is with scarlet fever.

2. That scarlet fever is confined pretty much to children, while putrid sore throat sometimes prevails as an epidemic among adults.

3. That the exudations of coagulable lymph, which we see in sore throat, extending, occasionally, to the larynx and trachea, producing *diphtheritis* or secondary croup, is never found in these situations in scarlatina.

4. That the eruption in scarlet fever has a constant appearance, while in sore throat it varies, being, as often as any other way, *erysipelatosus* or *pustular*.

5. That the diathesis is rather phlogistic in scarlatina ; in sore throat it is the opposite, the former being attended with a synochus, the latter with a typhoid fever.

6. That medicines, depletive and evacuant, succeed in scarlet fever ; while in sore throat there is great necessity for sustaining and strengthening medicines.

#### AMPUTATION AT THE SHOULDER-JOINT.

THE shoulder-joint is found disabled by injury, more especially in naval and military practice, and cases occur in which recourse must be had to amputation at the socket ; but this is an operation which we have not, unfrequently, to perform also in civil practice. I have been obliged to amputate the shoulder-joint several times, on account of severe injury, the arm having been entangled in machinery, and torn off near the articulation. I have also been called upon, repeatedly, to perform the operation, in consequence of disease of the humerus—perhaps a large tumor growing in the substance of the bone. It is an operation which you need not be afraid of undertaking. If there be anything at which to be frightened, it is the occurrence of hæmorrhage during the operation. This need not vex you ; you may trust implicitly to a good assistant to press above the clavicle on the vessel as it passes over the first rib. The patient must be well placed, so that the pressure may be effectual. You may lay him on a table, and secure him, in order that he may not slip away from the assistant ; or, what is better, place him in a chair, with a large sheet under the injured side, and have a strong assistant to hold him up and support him in the chair, and then let another assistant stand behind him, with a door-key wrapped round with a bandage to press down upon the vessel. Besides these two assistants, you require a third to aid you in tying the vessels. I have been obliged to undertake the ope-

ration with only one assistant, not very old or experienced, and a postilion to hold the patient up. I was sent for to a young farmer, who had got his arm entangled in the rollers of his thrashing machine, and had it crushed to jelly nearly up to the shoulder. I arrived about the middle of the night. It was at a place where I was unable to procure any further assistance. As might have been expected, there were no medical men in the immediate neighborhood, and I had with me only a young pupil, and the man who drove the post-chaise. All the people about the farm were terrified to death, and worse than useless; not one of them, in fact, would remain in the house, far less in the room. The one held the patient up, and the other compressed the vessel, which I had, of course, to take up and secure.

You will be guided as to the mode of proceeding by the nature of the accident. You may possibly find the parts so lacerated, that there is scarcely anything to cover the articulation; or the arm may be shot away close to the joint; or it may be so bruised by machinery that you have scarcely anything to do except to cut off the ragged portions of skin and muscle, and turn the bone out of its place. You find, perhaps, that there is no bleeding; you see the end of the vessel twisted up and closed, the inner coat being drawn within the external one. You do not trust to that, but draw it out, and put a ligature round it.

But then you may be called upon to amputate where the parts about the joint are perfectly sound. There may be a large cartilaginous or bony tumor surrounding the humerus, or growing probably from its medullary canal, and expanding its walls, and it would be very imprudent to leave any portion of bone so affected. Although it may be sound in the upper third, yet you should take away the whole of the bone. The danger attending the operation is so slight, that you need have no hesitation about resorting to it. I believe that if the operation is well performed, it is as successful as amputation below the knee. I amputated in one case, in the institution over the way, on account of spreading mortification; the mortification had gone up so high, and so rapidly, that there was scarcely room to make the flaps; indeed, one of them was slightly discolored, and yet the patient did perfectly well. The mortification was noticed in the fore-arm by the house-surgeon, during his forenoon visit, and when I came (not having been previously apprised that anything untoward was going on) at the usual hour of visit, the whole extremity was in a state of gangrene, and was proceeding rapidly upwards.

If the parts are all sound, and you have your choice, you perform the operation by transfixing the limb. If the patient be sitting up, you make your posterior flap, in the first instance, on the right side; you enter the knife below the acromion, well forward, pass it away down, and bring it out under the posterior border of the axilla. If you are amputating the left arm, you enter the knife in the opposite direction, and bring it out below, and in front of the acromion. Having cut out the flap, you disarticulate the head of the bone, and by carrying the knife thus, it is completely detached. The assistant is then able to put his fingers down,

and compress the humeral, or, rather, the axillary artery, before it is severed. The knife is then behind the head of the bone; and the interior flap is soon made. When the patient is properly placed, the incisions may be completed, and the arm may be on the floor in twelve or fifteen seconds. The assistant still keeps up pressure on the subclavian, and the gentleman who has been more immediately assisting you raises his fingers to the vessel, holds it with the forceps, and you tie it. You then sponge out the blood, and tie other vessels that may be bleeding, such as branches of the subscapula, and so on. The parts are, after due time, brought together, and form a good stump; but they are, in some cases of injury, of course, very ragged.—*Liston's Lectures.*

#### THE INDISCREET USE OF MERCURY BY PHYSICIANS.

[Communicated for the Boston Medical and Surgical Journal.]

DR. STOKES, in his "Lectures on the Theory and Practice of Medicine," remarks that there is "the hepatic school of medicine, in which the existence of almost every organ, except the liver, seems to be forgotten, and of which the creed seems to be, that there is but one viscus, the liver; one source of disease, biliary derangement; and one cure, mercury—a creed, which, though not enforced and defended by the sword, *has lost perhaps as much of human life as others whose history is written in letters of blood.*" And Dr. Bell, in a note to this lecture, says, "the teaspoonful doses of calomel, and pills with calomel for their basis, by the dozens, are, or have been, *prescriptions which have cast a stigma* on too many American practitioners, who *see but one disease*—that of the liver." And Drs. Edwards and Vavasour, in their "Manual of Materia Medica," speaking of mercurial preparations, say that "the *American* and English practitioners *administer daily* these preparations;"—then follows a list of various diseases, in which the preparations are employed by the "American and English practitioners," terminated by an &c., which is, according to the learned law annotator, Mr. Coke, quite a comprehensive character.

There is too much truth in the allegations made by the gentlemen quoted above. The recorded "horrible accidents induced by mercurial ptyalism, as extensive sloughing, caries of the jaw-bone, adhesions of the tongue and cheek, &c. &c.," are attestations, so forcible and pointed as not to admit of denial; and the many who have been brought to "the silence of the tomb" by the ill-directed and inefficient means of the Thomsonian, the Herbalist, and the urine-doctor, who have played upon the feelings of communities, in abusing the regular faculty for their (*a b*) use of mercury—give conclusive proof that the hepatico-purgative sect has been the cause, directly and indirectly, of physical misery, mental sorrow and of death.

The remarks of Drs. Stokes and Bell, Edwards and Vavasour, naturally excite the query, why has the doctrine which induces such a constant, almost universal application of mercurial preparations, so many

advocates and disciples, at this day? And to this, no other answer can be given, than, that it is because there are too many in the practice of medicine, who do not, either from inability or sluggishness, exercise that "simple observation" by which Sydenham was enabled to "overturn the long labored and supposititious reasoning of the whole dogmatic phalanx, who thought it beneath their consequence to stoop to the dictates of heaven's first agent;" because there are too many who place a blind confidence in the opinions of those authors on practice who are taken as ensamples—and "they reason not, because their subserviency has rendered them incapable."

In the more inland portions of the Southern and Western States, the preparations of mercury—and more especially calomel and blue pill—are most extensively used; not from an inability of the prescribers to obtain other substances, but that they are considered "the panacea," being in themselves fully adapted to meet any indication and produce any desired effect. This grand reliance on these preparations is induced from the great deference which is paid to certain authors—as was before stated; the various works of Eberle and Dewees, being in all cases and under all circumstances sufficient "authority." And with those who do not, in full, receive the works of these authors, "the pathology and therapeutics" of the learned professor who taught the true mode of treating "western maladies," and who has been propagating "this mode" for several years, from the chairs which he filled in Western Medical Schools, is cherished as a work in which, "from experiments and observations," has been collected all that pertains to disease and its treatment. Dr. Cooke teaches "that the whole science of pathology consists in congestion of the vena cava—and in an account of cathartics, we have a complete treatise on the *Materia Medica*; and not only scruples and drachms, but even ounces of calomel are given by him, without an emotion of regret or a pang of remorse." And Prof. Eberle, on the 370th page of Vol. II. of his *Therapeutics*, has given a license for the general employment of the mercurial preparations, which has been rendered available in these States. He says, "such indeed is the variety and extent of its remediate powers, that it may be most effectively employed, in the form of its different preparations, as a sialagogue, an errhine, a cathartic, a diuretic, a sudorific, an emmenagogue, an astringent, an antispasmodic, a stimulant, and an anthelmintic." And again, on page 378, same volume, he tells us that "even at present the powers of mercury in acute affections are perhaps too little attended to by the profession in general." It is this chapter of this writer in which is named almost every author who makes mention of mercury; and his reader is shown the beneficial effects which have followed the administration of its preparations, in almost every disease to which "flesh is heir." As a general fact, "the less we know of the treatment of a disease, the more numerous is the list of remedies;" and just so it is with a remedial substance—the more uncertain we are of its action, the more numerous is the list of diseases with which it is used; and "we all know," says Dr. Paris, "how very differently mercury will act upon different individuals, or even upon the same individual at



different times, or under different circumstances." Now it may be that Prof. Eberle intended to have "under certain circumstances" understood, when he placed mercury as an efficient agent to produce the remedial effects ascribed to it in the paragraph which is quoted. But he has not mentioned nor referred to these circumstances; and the frequent and unnecessary employment of this substance, which is recommended in his work on practice, is very good evidence that he did not, himself, consider circumstances. For instance—in inflammation of the tonsils and adjacent parts, to fill no other indication than the inducing of alvine dejections, he prescribes "a bolus of *calomel* and jalap, or co. ext. colocynth and *calomel*." And so, too, with Dr. Dewees—in the same affection, he tells us, that should gargles and rubefacients fail to check the inflammation, "an emetic is exceedingly efficacious, and *should be* succeeded by a *mercurial purge*." This is a simple inflammation, for which the best late authors—Dunglison, for example—prescribe a simple antiphlogistic course; and if this is followed, it is believed that no physician will regret having disobeyed the advice and injunction of Drs. Eberle and Dewees. Again, in gastritis and enteritis and hooping cough, these gentlemen advise the administration of mercurials,—what for, they do not tell us, nor do they give their readers any means by which they would be enabled to deduce a reason. Dr. Stokes says—"the old purgative and mercurial treatment of gastritis, I am happy to say, is rapidly declining;" and recommends "leeching, regulation of the bowels by enemata, and counter-irritation." Such prescriptions are made on principle; the elements of the disease contended against are studied, and the therapeutics are naturally deduced.

Could it but be so ordered, that those preparing themselves for the responsible position of practitioners of medicine, would "ascertain, as far as possible, the functional or structural alteration which takes place in diseased tissues," and would remember that terms expressive of effects induced by therapeutic agents, are but relative, and would depend more upon their own observation, and their own reasoning abilities, trusting less to the formulary, and positive, *unconditional* prescriptions of those authors, who merely announce conclusions, without advancing an argument for their support, or giving the processes of reasoning which led to them—the science of medicine would steadily and surely advance towards perfection. But, unfortunately for the honor of the profession, and the safety of life, such is not the end desired to be achieved by a large proportion of those who are in, and preparing for, the practice of medicine. The idea is prevalent, that the profession of medicine is an easy, sure and quick way to accumulate wealth; and by far too many "have chosen this divine art from merely mercenary motives," and enter upon the discharge of the duties of physicians, knowing but little more of the human body than that it moves and stands erect, and less about the elements of disease and the force of remedial means.

The writer of this paper was induced to prepare it, to show Dr. Bell that reasons can be adduced why the medical men of the South and West, who are devoted to the mercurial and purgative treatment, will not take as reproof the remarks of Dr. Stokes to which he calls their atten-

tion; being well convinced that so long as the works of Eberle and Dewees are made "*the books*" *par excellence*, just so long will reproof be unheeded, and the mercurial and purgative plan be extensively practised. Yet there are those in the profession, in the South and West, who may be justly numbered with that sect, which Dr. Stokes denominates the "Hippocratists"—who consider mercury, "in the form of its various preparations," as a valuable means placed in their possession by a beneficent Providence, to be used under such circumstances as a knowledge of its remedial powers, and of the nature of the disease, may indicate.

Knoxville, Tenn., Feb. 3, 1845.

#### CASE OF COLLOID TUMOR IN THE CAVITY OF THE CRANIUM.

Presented to the Medical Department of the National Institute at its meeting on the 1st of July, 1844, by Thomas Miller, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

G. C., Purser in the U. S. Navy, æt. 42, temperate habits, but has been much exposed from the nature of his occupation; many, say ten, years since, was affected with symptoms of dyspepsia, frequent violent pains in the back of his head, which rendered him irritable and unsettled in his temper, impatient and often disposed to change his residence, &c. A few years after this, while at sea, he had violent and alarming attacks of cramp, colic, and one or two violent and alarming hæmorrhages from his lungs. Six or seven years ago he was suddenly attacked with aphonia, for which, he was treated by numerous medical gentlemen of the Navy, and private practitioners both of this and other countries.

Twelve months ago I was called to attend him: he exhibited to me his left ear, from which protruded a foreign body, which had been pronounced to be a polypus. He stated that he had endured and was still enduring great suffering from his head, ear and throat, referred all his pain to the back part of his head, in each side over the junction of the occipital and temporal bones, extending posteriorly along the nucha and anteriorly along the course of the Eustachian tube and the large vessels of the neck—he could not, nor had he been able for many years, to lie easily on his left side.

The immediate cause of my being called was a severe hæmorrhage from his lungs: he had discharged a large quantity of light and frothy blood, and he continued to throw up the same, though in smaller quantities. With leeching, lead, &c., this hæmorrhage was readily controlled; in a few days, he had a similar attack, which was readily relieved by oil of turpentine in small doses. With some difficulty he went to Philadelphia, where he consulted Dr. Ruschenberger of the U. S. Navy. I was of the opinion that the blood, which he discharged, was from the lungs, and that he would ultimately have phthisis. In the month of August, 1843, Dr. Ruschenberger removed, by the forceps and caustic, the foreign body from the ear. He suffered much; it was supposed that every

vestige of the body was removed. He remained under the charge of Dr. Ruschenberger and others, till the month of December, when he came to this city and placed himself under my charge. When sent for, I found him in the following condition, viz.: he was lying in bed, complaining of great restlessness and general pain, particularly severe about the back of the head, neck, and in the mastoid portion of the left temporal bone; the pain extending along the course of the large vessels, and at the condyles and angles of the jaw (left side). There was partial paralysis of his tongue, which was drawn to the left side, when an effort was made to protrude it. He had much difficulty in deglutition, often strangled while eating, and often coughing up what he had swallowed. There was a remarkable paleness of the left side of his tongue, while the right side, up to the median line, was more than usually red; pressure on the thyroid cartilage, &c., produced no pain. He complained constantly of an uneasiness in his chest and sense of stricture; not much cough; sense of distension and fulness in his abdomen, which was constricted. He entertained the idea that it was necessary to be purged frequently, and therefore took oil every day or two—a very small dose of which acted well on him. Nothing material was done for him, believing that his case was either irremediable, or was to be left to time. "He was under the impression that there was a foreign substance in his ear, and in the cells of the mastoid process; and that his pneumogastric nerve was affected, and that this foreign substance had passed to the throat."

He continued in this condition, losing flesh and strength, constantly predicting that he was soon to die, and that nothing would benefit him. He had frequent attacks of singultus, and towards the last of his illness there were chills and *heats*. His pulse continued regular, and at 80 to 90 till within a few days of his death, when it rose to 120 to 150. The chills became more frequent, deglutition more difficult, respiration more distressed and painful—till they finally ceased on the 2nd of March, at 12 o'clock, M.

This is a hasty and imperfect sketch of the case, though the mere outline of it; there was such monotony in the case, such gradual decline, and such variety in the treatment, that volumes would be required to describe them all; and yet it would be little else than the history of one day, and the exhibiting of all the articles in the *Materia Medica*. Everything was tried, known to the art of medicine, and likely to be beneficial, and nothing with the least success or alleviation of the symptoms. Within the last week of his life, the most obvious symptoms of pulmonary disease were developed, and we were satisfied that his end was approaching.

He had requested that his body should be examined after his death; accordingly, 24 hours after death, aided by Drs. Johnston and Cauten, in the presence of Dr. B. Washington, the consulting surgeon, Dr. Hall, Dr. Frailey, and my students Messrs. Bronaugh, Lewis and King, we proceeded to make the autopsy.

The body was much emaciated.

The *Chest*. We found the left lung closely adherent to the thorax;

old adhesions ; the lung emphysematous ; the vesicles loaded with bloody serum ; the bronchial tubes filled with mucus ; the lung did not collapse ; numerous patches of miliary tubercles in both the lobes of the lung ; several calculi encysted at the apex of the lung.

*Right Lung* did not collapse ; studded with tubercles in different stages, from primary tubercles to softening. These were distributed through all the lobes. In the apex of the lung there were several calculi ; we found one as large as a marble ; the bronchial tubes and vesicles of the lung filled with mucus.

*Heart*, healthy ; bronchial glands healthy.

*Throat*.—Pharynx more pale than usual ; the epithelium of the mucous coat destroyed ; small aphthous elevations ; the pouches on each side of the larynx filled with the food he had eaten, and much enlarged. The *oesophagus* presented the same appearance. The *larynx*—great enlargement of the vocal cords ; ventricles very much enlarged, that on the right side particularly. These were filled with mucus. When removed, the mucous membrane presented small elevated patches, not larger than pins' heads. The mucous membrane of the larynx and trachea reddened. *Epiglottis*—cartilage larger and more erect than usual ; the glottis or rima glottidis more patulous than I have ever seen it, indeed the whole larynx was larger than I have ever seen in any case.

The *tongue* presented nothing, with the exception of the enlargement of the cryptæ and the aphthous patches at the roots. The ventricles at its roots on each side of the frænum, between it and the anterior edge of the epiglottis cartilage, very large, and also contained portions of food, &c.

*Abdomen*.—All the viscera healthy, except the kidneys—they were larger and more congested with venous blood than usual. The intestines empty and much contracted.

*Head*.—The calvarium being removed, exhibited the cerebrum healthy ; cerebellum healthy ; upon removing them a large quantity of sero-sanguineous fluid ran from the spinal canal. In the fossa occupied by the left lobe of the cerebellum, was situated a foreign body, having the appearance of a large hydatid, extending from the posterior inferior part of the left lobe of the cerebellum to the junction of the pons varolii to the crura cerebri, pressing on the left inferior side of the cerebellum, pons varolii and medulla oblongata, where the 6th, 7th, 8th and 9th pairs of nerves pass off, making a deep indentation, if not having produced absorption, into that portion of the cerebral mass. This tumor was fully as large as a hen's egg. We carefully removed it with the temporal bone, so that we could examine it properly—in doing so, we unavoidably cut into the sac, and found the contents to be a semi-transparent gelatinous substance, of the consistence of the vitreous humor of the eye, having minute red vessels passing through it.

This tumor seems to have sprung from the bone, was situated behind the dura mater, which formed on its cerebral face a thick envelope. This substance, as far as we could judge, sprang from the internal meatus, then expanded behind the dura mater, filling up the fossa immediately behind the petrous portion of the temporal bone, then passing through the posterior foramen lacerum along with the jugular vein, par-

vagus nerve, passing to the edge of the foramen magnum occipitis, which seems to have formed its boundary posteriorly. Another portion of this tumor passed through the carotid foramen with the artery, then uniting with that portion which passed out of the jugular foramen, enveloping the nerve, artery and vein, and embracing the 9th pair of nerves as it passed on its way to the tongue; these, in a word, were all involved in the tumor. The tumor then extended upwards under the zygoma into the sphenomaxillary fissure surrounding the articulation of the lower jaw, then extending downwards towards the thyroid cartilage. Upon removing this tumor from the bone as far as was practicable, we found that it closely adhered to the bone internally behind the dura mater, that the bone where the tumor was situated was much thinned, readily breaking and diaphanous, that a ledge or rima of the bone was found defining the extent of the tumor, immediately posterior to the petrous portion of the temporal bone, in what is termed the mastoid portion of the bone.

Upon sawing through the petrous portion into the cavity of the ear, we found the tympanum, vestibule, and all the canals, as well as the mastoid and other cells, filled with the same substance as that which composed the tumor. The membrane lining the cavities peeled off readily; the cavity of the tympanum was filled with pus; fragments of the bones of the ear were detected; the lining membrane was entirely destroyed. The exit of this pus was prevented by a plug of hardened wax, which was situated immediately at the entrance of the cavity of the tympanum.

There could be detected no vestige of the portio mollis except its root. The portio dura was seen wending its way to the stylo-mastoid foramen, where it was found, but soon it became involved in this tumor. We were at a loss to decide where the portion of the tumor, which protruded externally, derived its covering; it seemed to be of the same character as that which occupied the internal portion, which was evidently the dura mater. We could not make out any definite proper covering to the substance of the tumor, but I feel satisfied that it was covered with a proper coat, independent of the fibrous covering, and that it had a reticulated or cellular arrangement similar to the hyaloid membrane of the vitreous humor, for the substance presented that degree of consistence, for which I could assign no other cause.

This is a most satisfactory autopsy. This early history of the case would show that the origin of all the patient's sufferings was in the ear—that all his symptoms of paralysis of the pharynx, tongue, &c., arose from the pressure of the 9th nerve. The pressure on the par vagum and sympathetic accounts for the early embarrassment of the lungs, heart and stomach. The pressure on the left side of the cerebellum, pons varolii and medulla oblongata, from which these nerves spring, causing paralysis on the right side. The difficulty of deglutition arose from the loss of nervous power and influence to the pharynx. The pain (not a severe sharp pain) about the mastoid portion of the head along down the neck, arising from the pressure of the nerves of the neck by the tumor. The lodgement of the food arising from the loss of power in the pharyngeal muscles to propel the morsel; and the loss of power to raise the larynx, also arising from the same.

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 THE BOSTON MEDICAL AND SURGICAL JOURNAL.
 

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 BOSTON, MARCH 12, 1845.
 

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*The Diseases and Hygiene of the Organs of the Voice.*—Colombat de L'Isère, a French physician, is the author of this work. He is known particularly in his own country for a marked devotion to the cure of the diseases of the organs of the voice, and as the founder, also, of an institution in Paris, called *orthophonie*. Our neighbor, J. F. W. Lane, M.D., whose industry, scholarship and good taste are appreciated by all who have the pleasure of his acquaintance, at the request of an eminent professor of elocution, and with a view to exciting more attention to a subject which seems not particularly well understood, undertook the translation of it. He has cautiously avoided all surgical details, and in simply following the author, has placed before the public a book of rare value, although so modest and unpretending in its appearance, that its real worth cannot be known without an examination. The chapter on chronic swelling of the tonsils, to a parent who for the first time is alarmed by the enlargement of those organs in his child, is worth more than the cost of the book. The simplicity of the style, and its freedom from technical language, fit it for common reading. Why should not vocalists, clergymen, members of the bar, and, in short, all public speakers, study this compendium, containing as it does so much that is truly useful respecting the anatomy, physiology and diseases of the vocal apparatus? Pupils in singing schools, likewise, and in those institutions just growing into notice, in which gymnastic exercises are taught upon principles of common sense, might study it to advantage. But those especially who are engaged in elocutionary pursuits, would derive from its pages such insight into the philosophy and management of the voice, as could perhaps nowhere else be obtained in a form so compact. Messrs. Otis & Broaders, of this city, are the publishers.

*Guy's Medical Jurisprudence.*—Those who have made themselves familiar with this admirable work, to which we alluded last week, are satisfied that it will hold an important place in the estimation of the members of the bar, as well as with the medical profession. A digest of the leading views of those who are truly learned in this important department, must be an acceptable work, notwithstanding the other valuable treatises on the same subject. By presenting the contents, which is all that we are able to do this week, those who feel interested in a production of this character may form a general estimate of its value.

Chap. 1 treats of Medical Evidence. 2—Personal Identity, illustrated by a variety of remarkable circumstances, quite new, and as curious as novel. Then follows an article on age and sex. 3—Impotence; legal relations, grounds of divorce, &c. &c. Rape, pregnancy and delivery. 4—Feticide, or criminal abortion; infanticide and legitimacy. 5—Life assurance, and feigned diseases. 6—Unsoundness of mind. 7—Persons found dead; real and apparent death; sudden death and survivorship. 8

—Death by drowning; by hanging; by strangulation and suffocation. 9—Wounds. 10—Death by fire; spontaneous combustion; lightning; from cold; from drinking cold water, and from starvation. 11—Of poisons in general. 12—Irritant poisons. 13—Mineral acids. 14—Oxalic acid. 15—Alkalies and their salts. 16—Metallic irritants. 17—Mercury. 18—Copper. 19—Lead. 20—Antimony, zinc, tin, silver, iron, bismuth and chrome.

Eight more chapters, to which an appendix is affixed, relate principally to vegetable irritants, animal irritants, narcotic poisons, as opium, hydrocyanic acid, and poisoning by narcotic gases and acids.

*Post-mortem Fees at Coroners' Inquests.*—When a medical man is called upon by a coroner in Massachusetts to inspect a dead body, there is no provision in law by which he gets any more for his trouble than a cobbler has for mending an old boot. Even should he be obliged to examine the different organs minutely, or analyze the contents of the stomach, and his decision is final in case of suspected murder, with much urging, and by insisting that the tests of science should have some consideration above ordinary vulgar opinions, he may possibly get two shilling and sixpence, reckoning professional time worth about as much as a wharf lumper's—say ninepence an hour, provided he finds himself!

In Canada, a physician, when called upon by a coroner, for simply examining a dead body, externally, receives one guinea—varying not much from four dollars and fifty cents; and for opening and anatomically inspecting the interior, the established fee is three guineas, or rising of fourteen dollars. This is a rational transaction, and creditable to the provincial Government—a body far in advance of the age, in this country, in properly estimating the value of medical testimony. If our physicians continue to submit tamely to the insult of selling their services before coroners' juries for a mere mess of pottage, they deserve to be turned off with the pittance now allotted them.

*Middlesex District Medical Society.*—Those members of the Massachusetts Medical Society who reside in the towns of Lowell, Billerica, Ashby, Townsend, Pepperell, Dunstable, Groton, Shirley, Tyngsboro', Chelmsford, Carlisle, Littleton, Dracut, Tewksbury, Concord and Acton, constitute this association, which was chartered last season. The district embraces a very discreet, excellent body of practitioners, who, in the organization of this Society, evince their zeal for the true interests of the profession. Nehemiah Cutter, M.D., is President; J. D. Pillsbury, M.D., Secretary; and J. P. Jewett, M.D., Treasurer. The influence of this new Society, we trust, will be exceedingly useful in protecting the people against the depredations of quackery.

*Massachusetts General Hospital.*—From the Annual Report of this institution, we learn that the number of patients admitted during the last year was 435, viz., 269 males and 166 females. Of these, 185 were paying or part paying patients, and 250 were entirely free. There were discharged during the year, 431, including 47 who died. Of the discharged, 183 are reported as well; much relieved, 70; relieved, 67, &c. Propor-



tion of deaths to the whole number of results, 1 in 10. Fifty-five cases of recent accidents were admitted during the year, many of which proved fatal. By dividing the total expense for the year by the number of patients, the weekly expense of each patient is shown to be \$4.77. A munificent contribution has been made to the funds of the Hospital during the past year, for the purpose of enlarging the accommodations for patients. It was contributed by individuals with a cheerfulness and promptness highly honorable to them, to our city, and to the Hospital, and amounts to \$62,550. The sum of \$20,000 was also received by the Treasurer during the last year, as a bequest of the late Israel Munson, Esq.

**McLean Asylum for the Insane.**—Dr. Bell's last report states that 292 patients have been in the Asylum during the past year—134 of whom were there at the beginning of the year, and 158 have been admitted since. There have been dismissed 140, of whom 68 had recovered, and 19 died; 10 of the latter, of old age. There are now in the Asylum 152. For the first time, applications for admission have been declined for want of room.

**Medical Appointment.**—Dr. Isaac Ray, of the Insane Hospital, Maine, has resigned the superintendence of that institution, in consequence of having been elected Medical Superintendent of the asylum for lunatics about being erected in Rhode Island.

**The Select Medical Library** for January comprises the first part of Christison's treatise on Poisons, from the fourth Edinburgh edition.

**DIED.**—At Cincinnati, Dr. Samuel Adams, formerly of Boston, 74.—At Bayton Rapids, Louisiana, Geo. W. Davis, M.D., 26, late of Danville, Vt.—At Philadelphia, Sidney P. Williams, M.D., of Northampton, Mass., 22.

Number of deaths in Boston, for the week ending March 8, 41—Males, 15; Females, 26. Stillborn, 4. Of consumption, 3—disease of the heart, 3—infantile, 4—lung fever, 6—typhus fever, 3—scarlet fever, 4—cancer, 2—inflammation of the bowels, 1—dropsy on the brain, 3—dropsy, 1—croup, 4—canker rash, 1—erysipelas, 1—child-bed, 1—apoplexy, 1—mortification, 1. Under 5 years, 22—between 5 and 20 years, 5—between 20 and 60 years, 11—over 60 years, 3.

#### REGISTER OF THE WEATHER,

Kept at the State Lunatic Hospital, Worcester, Mass. Lat. 42° 15' 49". Elevation 483 ft.

Feb.	Therm.	Barometer.	Wind.	Feb.	Therm.	Barometer.	Wind.
1	from -4 to 8	from 29.61 to 29.63	N W	15	from 23 to 32	from 29.63 to 29.63	N E
2	-4 9	29.63 29.69	N W	16	32 38	29.63 29.57	N E
3	-2 18	29.74 29.76	N W	17	33 44	29.20 29.24	N W
4	5 10	29.69 29.55	N E	18	29 41	29.33 29.44	N W
5	12 29	28.28 29.36	S E	19	25 52	29.60 29.64	N W
6	8 12	28.69 28.93	N W	20	32 46	29.52 29.64	S W
7	0 12	29.18 29.30	N W	21	35 56	29.35 29.42	N W
8	11 21	29.46 29.49	N W	22	42 49	29.29 29.47	N W
9	12 23	29.45 29.49	N W	23	36 30	29.16 29.51	N E
10	6 22	29.45 29.48	N W	24	37 46	29.07 29.32	S W
11	19 25	29.22 29.23	N W	25	33 62	29.29 29.39	S W
12	34 41	29.94 29.68	S W	26	38 57	29.13 29.20	S W
13	1 10	29.60 29.76	N W	27	28 43	29.24 29.27	N W
14	2 16	29.91 29.98	N W	28	28 34	29.19 29.23	N W

The first days of the month were extremely cold—for the four first days the thermometer did not rise above 18 degrees, and fell to 6 below one day, and 5 below two days. Sixteen inches of snow fell in one storm on the 5th; the wind was high, and the snow piled up to a great height. The last half of the month the weather has been mild and pleasant. Snow is nearly gone. Range of Thermometer, from 5 below to 62 above zero. Barometer, from 28.28 to 29.98 inches. Rain fell 2.61 inches. Snow, 30 inches. Blue birds seen on 18th, robins on 25th—first thunder storm of the season on 23d.

*Intermittent, Remittent and Congestive Fever.*—Dr. Barbour, Professor of Obstetrics in Kemper College, has lately published, at the request of his class, an excellent pamphlet on the above subjects. He gives his own observations on these diseases, and the practice which he lays down is that in which a large majority of the physicians of our country would unite in recommending. He is an advocate for the liberal use of ice and iced drinks, and for small doses of calomel, and large doses of quinine—the practice which is beginning to obtain in all the regions where the purging system once prevailed so exclusively. In fevers of the remittent type his experience is, that quinine given during the remission, is as efficacious as it is in intermittent fever. We like his suggestion of *muratic acid* as a refrigerant in fevers. He directs a drachm of the acid, diluted with a pint of iced or cold spring water, to be drunk in the course of the day. He thinks it acts favorably on the liver, being often sufficient of itself, after the use of mild aperients, to correct the secretions of that organ. In chronic intermittents—cases in which, on slight exposure, chills continue to return, for a long time—we have found the preparations of iron more effectual than any other remedies. Change of air, especially from miasmatic to healthy regions, is doubtless beneficial, and the alterative medicines mentioned by Dr. B. are indicated in those cases which are complicated with visceral enlargements; but in a majority of instances patients affected with this form of the disease exhibit the signs of anemia, and are cured by remedies which improve the condition of the blood. Nothing does this so effectually as iron in its various states.—*Western Med. Journal.*

*Epidemic Erysipelas.*—We perceive by the public papers that this serious malady continues to visit different neighborhoods and often proves fatal. It appears to prevail more in winter than in summer, and to affect the country more than the towns, especially the larger. Louisville for the year past has given evidence of the existence within her limits of its remote cause, whatever that cause may be, but the number of cases has not been great. In the hospital, more have occurred than for several years before—some spontaneous, and some following surgical operations. Very lately, the extraction by Professor Gross, of a large tumor from the angle of the jaw of a negro man, from the country, in excellent health, was followed by severe, though not fatal erysipelas of the face and head. We hope our friends where the disease prevails will furnish us with accurate histories of it, for publication. Among the points to which we would especially direct their attention are, its connection with puerperal fever, and its contagiousness.—*Ibid.*

*New Books in London.*—Galvanism applied to the Treatment of Uterine Hemorrhage. By Thomas Radford, M.D.—Elements of the Comparative Anatomy of the Vertebrate Animals, designed especially for the use of Students. By Rudolph Wagner, M.D. Gottingen.—The Veterinary Record and Transactions of the Veterinary Association.—Letters on Mesmerism. By Harriet Martineau.—Recent Improvements in Arts, Manufactures, and Mines: being a Supplement to his Dictionary. By Andrew Ure, M.D.—The Plea of Insanity in Criminal Cases. By Dr. F. Winslow.